



State of Rhode Island
Department of Business Regulation



**DIVISION OF COMMERCIAL LICENSING AND REGULATION
LIQUOR SECTION**

**233 Richmond Street, Suite 230
Providence, Rhode Island 02903-4230
Telephone (401) 222-2562 Facsimile (401) 222-6654
www.dbr.state.ri.us**

APPLICATION FOR CLASS G/GD LICENSE

Pursuant to RIGL Title 3 § 3-7-15 and § 3-7-15.1 of the General Laws of Rhode Island, 1956 as amended, the undersigned, a Corporation incorporated under the laws of _____ a citizen resident with the State of _____ hereby makes application for a license to keep for sale and to sell beverages for consumption therein or thereon described premises, but only when actually en route.

CHECK ONE: ☐ Railroad ☐ Marine Vessel ☐ Airline

Name of Vessel (If Applicable) _____

If New Marine Vessel License a copy of the most recent valid "Certificate of Inspection" issued by the United States Coast Guard must be included with the application.

D/B/A name of applicant _____

Name and Address of Officers of the Corporation

REQUIREMENTS:

1. A Certificate of Good Standing (Application enclosed – Select either New or Renewal) must be furnished to the Division of Taxation. The Certificate of Good Standing Application must be sent directly to the Division of Taxation at the address listed on the form.
2. The annual Licensing fee or a Class G is \$250.00 and must be submitted with this application payable to "Rhode Island General Treasurer". The annual Licensing fee for a Class GD is \$100.00. A Marine Vessel must have a Class G license before being issued a Class GD. Both may be applied for on one form for fee of \$350.00
3. It is agreed by the undersigned that the license applied for, if issued, shall be subject to such conditions, rules and regulations as the Division of Commercial Licensing and Regulation may impose from time to time.

APPLICANT: _____

ADDRESS: _____

Authorized Signature _____ Date _____

State of Rhode Island and Providence Plantations
Department of Administration
Division of Taxation
One Capital Hill
Providence, Rhode Island 02908-5812

Certificate of Good Standing Application for a New Liquor License

Taxpayer Name: _____
DBA: _____
Address: _____
City, State Zip Code _____

A certificate of good standing is required for you to obtain your liquor license. Since these requests are processed on a first come, first serve basis, failure to complete the application properly could result in delays which are unnecessary. Please return this application promptly to the above address.

Note: Any outstanding taxes must be paid by Certified check, Money Order or Cash prior to issuance of Certificate.

Complete All of the Following:

Application Date: _____ Federal ID _____

Business Type: Sole Owner _____ Corporation _____ Partnership _____ Other _____

Do you have employees? Yes ___ No ___ Federal ID #: _____

Do you lease employees? Yes ___ No ___ Name of Company _____

SS Number(s) of Owners/Partners: _____

Telephone Number(s): Home _____ Business _____

Print Name of Responsible Person _____

Signature of Responsible Person _____

Office Use Only

Sale and Use Tax Del _____ AR _____
(Including Local Meal/Beverage)

Withholding Tax Del _____ AR _____

Personal Income Tax _____ AR _____

Corporate Tax Del _____ AR _____

Litter _____ Sales Renewal _____ Cig _____ Hotel _____ Ret CK _____

DET: _____ Remarks _____

Revenue Officer _____ Date _____

Clearance Authorized By: _____

State of Rhode Island and Providence Plantations
Department of Administration
Division of Taxation
One Capital Hill
Providence, Rhode Island 02908-5812

Certificate of Good Standing Application for a Liquor License Renewal

Taxpayer Name: _____
DBA: _____
Address: _____
City, State Zip Code _____

A certificate of good standing is required for you to obtain your liquor license. Since these requests are processed on a first come, first serve basis, failure to complete the application properly could result in delays which are unnecessary. Please return this application promptly to the above address.

Note: Any outstanding taxes must be paid by Certified check, Money Order or Cash prior to issuance of Certificate.

R. Gary Clark, Tax Administrator

Complete All of the Following

Application Date: _____ Sales Tax Permit # _____

Business Type: Sole Owner _____ Corporation _____ Partnership _____ Other _____

SS Number(s) of Owners/Partners: _____

Federal Employer Number _____ Do you have employees? Yes _____ No _____

Telephone Number(s): Home _____ Business _____

Signature of Responsible Person _____ Title _____
(Owner, Partner or Corporate Officer)

Office Use Only

Registration _____ DET _____ B.C. Tax-Reg _____ Ret. Perf. _____

COLLECTION SECTION:

Sale and Use Tax Del _____

Withholding Tax Del _____

Personal Income Tax _____

Remarks: _____

Clearance Authorized By: _____ Date _____